

## TRAVEL EXPENSE CLAIM

Traveler ID Unit Code

210

**ORIGINAL**

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Karen Baker		Fiscal Year 2008-2009	2008TEC1757	SSN OR EMPLOYEE NUMBER* 269-52-5702	DEPARTMENT OPR
POSITION Secretary of Volunteering and		CB/ID NO.: EXEMPT		DIVISION OR BUREAU CaliforniaVolunteers	PCA # 31101
RESIDENCE ADDRESS* 971 Castec Dr.				HEADQUARTERS ADDRESS 1110 K Street Suite 210	
CITY Sacramento		STATE CA	ZIP CODE 95864	TELEPHONE NUMBER 916-323-7646	
CITY Sacramento		STATE CA	ZIP CODE 95814		

(1) MONTH/YEAR		(3) LOCATION: WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
9/14	0800	Sac to Washington DC	256.88				1075.40		45.00	18	\$9.90		1387.1	
9/15		Washington DC	256.88	5.50		\$6.00			44.00		\$0.00		317.38	
9/16		Washington DC	256.88		10.00	\$6.00			\$9.00		\$0.00		281.88	
9/17		Washington DC	256.88	6.00		18.00	\$6.00		\$9.00		\$0.00		295.88	
9/18	1400	Washington DC to Sac		6.00	9.27		\$6.00		21.00	18	\$9.90		521.7	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
(10) SUBTOTALS			1021.52	17.50	19.27	18	\$24.00	1075.40	133	36	\$19.8		2334.4	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 2334.40

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Voices for National Service Hill Day and Annual AmeriCorps Grantee Conference

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4vbd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

~~(15) CLAIMANT'S SIGNATURE~~

DATE \_\_\_\_\_

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE \_\_\_\_\_